

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

Serial No. 10/575683 Filing Date  
Applicant(s)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3			1				53						
4				1			54						
5					1		55						
6						1	56						
7			1				57						
8				1			58						
9					1		59						
10						1	60						
11			1				61						
12				1			62						
13					1		63						
14						1	64						
15							65						
16					1		66						
17						1	67						
18							68						
19					1		69						
20						1	70						
21					1		71						
22						1	72						
23					1		73						
24							74						
25					1		75						
26						1	76						
27							77						
28					1		78						
29						1	79						
30							80						
31					1		81						
32						1	82						
33							83						
34					1		84						
35						1	85						
36							86						
37					1		87						
38						1	88						
39							89						
40					1		90						
41						1	91						
42							92						
43					1		93						
44						1	94						
45							95						
46					1		96						
47						1	97						
48							98						
49					1		99						
50							100						
TOTAL IND.	2												
TOTAL DEP.		46											
TOTAL CLAS/CH	48												